## **Educational Video Services**

MAINE STATE LIBRARY

64 State House Station Augusta, Maine 04333-0064

TEL: 207 287-5620 FAX: 207 287-5624

## EVS PROGRAM DUPLICATION REQUEST FORM

Programs from the Videotape Library Catalog are duplicated on a FIRST COME, FIRST SERVE basis. It takes approximately 2 to 4 weeks during the months of September and October and less time during other months.

PROGRAMS ARE DUPLICATED IN VHS FORMAT ONLY. Please note that we can ONLY do the SP Mode (2 hours on a T- 120). We cannot do the 4 & 6-hour modes.

## ORDERING OPTIONS

**OPTION A** - Your school CAN supply blank tapes for duplication. Programs will be duplicated on user-supplied tapes at no charge. When sending in blank videotape for duplication, PLEASE:

- 1. Put the complete name & address of the school on all tapes & tape cases.
- Put your name, complete mailing address, & phone number on the order form in the space provided.

**OPTION B** - Your school can now PURCHASE videotapes from Educational Video Services instead of sending in blank tapes. The charge is \$5.00 per tape, which includes the cost of the tape plus shipping & handling. When requesting tape purchase for duplication, PLEASE:

- I. Include the total number of tapes you wish to purchase and the amount due Educational Video Services.
- 2. MAKE CHECK PAYABLE TO EDUCATIONAL VIDEO SERVICES and attach it to your order. PAYMENT MUST ACCOMPANY ORDER, WE CANNOT TAKE PURCHASE ORDERS OR BILL YOU. DO NOT SEND CASH.

LIST OF PROGRAMS YOU WANT DUPLICATED (if more space is required, PLEASE use back of form.)

| Program Title(s)     | Program No.(s)        | Length of EACH Program in Minutes |
|----------------------|-----------------------|-----------------------------------|
|                      |                       | ,                                 |
|                      |                       |                                   |
|                      |                       |                                   |
|                      |                       |                                   |
|                      |                       |                                   |
|                      | PLEASE PRINT          |                                   |
| YOUR NAME:           | PHONE:                |                                   |
| TITLE/POSITION:      |                       |                                   |
| SCHOOL/ORGANIZATION: |                       |                                   |
| MAILING ADDRESS:     |                       |                                   |
| CITY/TOWN:           | STATE: ME ZIF         |                                   |
| No. of tapes you y   | vish to purchase x \$ | \$5.00 per tape = \$              |

If you have any questions concerning your order or Educational Video Services in general, please do not hesitate to contact us at the above address.

THIS FORM MAYBE REPRODUCED LOCALLY AS NEEDED.